

EXHIBIT 4

2007/SEP/24/MON 08:18 AM
05 BCP

FAX No. 610 208 4848

P. 002/002

Patriot Care Medical, Inc. Bi WEEKLY TIME SHEET							
EMPLOYEE NAME		Eduardo MARIN, MD					
WEEK ENDING		9/18/07					
SUN							REASON
MON	8:40a	3:50p			2:45	130	BCP
TUE	8:40a	1:15p			4:25	90	DCP
WED	8:40a	3p	6pm		3:00	10	DCP
THU	8:40a	6:30p			11:00	42	DCP
FRI	8:40a	9a	12:45p		3:45	52	BCP
SAT							
OVERTIME NOT CALCULATED UNTIL WORKED 4 HRS FOR WEEK						WEEKLY TOTAL	31.25
INDICATE REASON FOR NO HOURS WORKED DAILY IF PERTINENT							
WEEK ENDING		9/22/07					
SUN							REASON
MON	9:10a	4:50p			3:50	130	BCP
TUE	8:40a	1:15p			9:50	40	DCP
WED	8:40a	3:15p			2:00	40	DCP
THU	8:40a	10:45a	11am	12:15p	3:45	50	BCP
FRI					1:25	10	SLC
SAT							
OVERTIME NOT CALCULATED UNTIL WORKED 4 HRS FOR WEEK						WEEKLY TOTAL	27.00
INDICATE REASON FOR NO HOURS WORKED DAILY IF PERTINENT						GRAND TOTAL	58.25

Eduardo D. Marin, MD

09/24/2007 8:04AM

PrimeCare Medical, Inc.
BI WEEKLY TIME SHEET

EMPLOYEE NAME: Enos D. MARTINEZ, MD

FACILITY:

WEEK ENDING 9/29/07

DATE	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	REG HRS	OT HRS	REASON
		TIME OUT	TIME IN					
SUN								
MON	7:35 a.m.	3:35 p.m.				8.00	130	BCP
TUE	9:50 a.m.	3:05 p.m.				5.25	40	DCP
				3:30 p.m.	5:20 p.m.	2.00	10	SGC
						2.75	40	DCP
						4.00		NYR
THU								
FRI	8:05 a.m.	11:20 a.m.				3.25	50	FRCP
				12:15 p.m.	1:15 p.m.	1.00	10	DCP
SAT								
24.75								
3.75								
15.75								
8.0								
47.5								
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK						WEEKLY		
INDICATE REASON FOR NO HOURS WORKED ONLY IF FULL-TIME						TOTAL	26.50	

10/6/07
WEEK ENDING 10/6/07

DATE	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	REG HRS	OT HRS	REASON
		TIME OUT	TIME IN					
SUN								
MON	9:20 a.m.	5:05 p.m.				7.75	130	BCP
TUE	7:45 a.m.	12:30 p.m.				4.75	120	ACACC
				1:30 p.m.	5:05 p.m.	3.50	10	DCP
WED	7:45 a.m.	10:45 a.m.				3.00	40	DCP
				12:30 p.m.	5:30 p.m.	5.00	10	DCP
THU	5:45 p.m.	7:30 p.m.				1.45	45	SGC
				8:00 p.m.	12:45 a.m.	4.75	50	FRCP
FRI	12	1 p.m.				1.00	60	Lanc Co. Prison
SAT								
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK						WEEKLY	31.50	
INDICATE REASON FOR NO HOURS WORKED ONLY IF FULL-TIME						TOTAL		
						GRAND TOTAL	58.00	

Enos Martinez

PrimeCare Medical, Inc.

Bi WEEKLY TIME SHEET

EMPLOYEE NAME ENDS DANIEL MARTIN MD

WEEK ENDING 10/13/07

DATE	TIME IN	MEAL BREAK		TIME DUT	SHIFT WORKED	REG HRS	OT HRS	REASON
		TIME OUT	TIME IN					
SUN								
MON	10/15/07	9:15am	4:45pm			7.50	130	BCP
TUE	10/16/07	8	9:45			1.75	50	Leave Reg
				9:45	11am	1.25		Break Off Reg
WED	10/17/07	11am	12pm			3.25	10	DCP
THU	10/18/07	1pm	3:45pm	7pm		3.25	10	DCP
FRI	10/19/07	9am	12pm			3.00	50	SAC
				12:30	3:30pm	3.25	10	PRCP
SAT	10/20/07							DCP

5.50

OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK
 INDICATE REASON FOR NO HOURS WORKED ONLY IF FULL-TIME

WEEKLY TOTAL 26.75

6.0

WEEK ENDING 10/20/07

DATE	TIME IN	MEAL BREAK		TIME DUT	SHIFT WORKED	REG HRS	OT HRS	REASON
		TIME OUT	TIME IN					
SUN								
MON	10/15/07	7am	3:15pm			8.25	130	BCP
				4:30pm	7pm	2.50	50	DCP
TUE								
WED	10/17/07	7:15am	10:30am			3.25	40	DCP
				10:30am	14:45pm	3.45	10	SAC
THU	10/18/07	12pm	6pm			1.00	10	DCP
				6pm	8am	3.00	50	PRCP
FRI	10/19/07	11:20am	4:05pm			4.75	10	DCP
				4:05pm	11:45pm	4.00	40	DCP
SAT								

OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK
 INDICATE REASON FOR NO HOURS WORKED ONLY IF FULL-TIME

WEEKLY TOTAL 29.50

GRAND TOTAL 56.25

Ends Martin
 10/22/2007 8:26AM

PrimeCare Medical, Inc. BI WEEKLY TIME SHEET										
EMPLOYEE NAME			FACILITY							
WEEK ENDING			10/24/07							
	DATE	TIME IN	MEAL BREAK	TIME OUT	TIME IN	SHIFT WORKED	REG HRS	O/H HRS	REASON	
SUN										
MON	10/22/07	8:15am	3:45pm				7.50		BCP	
TUE	10/23/07	9:10am	10:25am	10:30am	Spn		1.25	6.30	FRCP	
									PRCA	
									DCP	
									NEP	
22.75	THU						6.75		YCP	
15.75	FRI	10/26/07	6:35am	12:50pm			6.25		DCP	
4.00									SYE	
11.75	SAT									
14.00										
OVER TIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK										
INDICATE REASON FOR NO HOURS WORKED DAILY IF FULL-TIME										
WEEK ENDING			10/27/07						WEEKLY TOTAL	33.75
	DATE	TIME IN	MEAL BREAK	TIME OUT	TIME IN	SHIFT WORKED	REG HRS	O/H HRS	REASON	
SUN										
MON	10/29/07	7:15am	3:30pm				8.25		BCP	
TUE	10/30/07	7:30am	3:00pm				7.25		DCP	
WED	10/31/07	9am	4:15pm				7.25		YCP	
THU							6.00		DCP	
FRI	11/01/07	8:30am	12:30pm				4.00		FRCP	
									SYE	
SAT										
OVER TIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK										
INDICATE REASON FOR NO HOURS WORKED DAILY IF FULL-TIME										
WEEK ENDING			11/05/07						WEEKLY TOTAL	34.50
									GRAND TOTAL	68.25

Eros Martin M.D.

11/05/2007 10:55AM

PrimeCare Medical, Inc.

BI WEEKLY TIME SHEET

EMPLOYEE NAME

Enos MARY DOW, MD

FACILITY

WEEK ENDING

11/10/07

DATE	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	REG HRS	O/H HRS	REASON
		TIME OUT	TIME IN					
SUN 11/11/07	3:30 pm	4:30 pm				1.00	4.0	BGP DCP
MON 11/12/07	8:30 am	4:45 pm				8.25	13.0	BGP
TUE 11/13/07	9:25 am	12:10 pm		12:40 pm	5:10 pm	2.75	4.0	SGP
						4.50	10	DCP
WED 11/14/07	8:30 am	4:30 pm				3.50	6.0	SGP
						3.50	10	DCP
THU 11/15/07	7:15 am	10:50 am				5.25	4.0	DCP
FRI 11/16/07	7 am	1:15 pm				6.25	13.0	BGP
SAT								

 OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK INDICATE REASON FOR NO HOURS WORKED ONLY IF FULL-TIME

WEEKLY

TOTAL

35.00

18.50

28.50

WEEK ENDING 11/17/07

475

14.00

40

1.0

15

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

101

102

103

104

105

106

107

108

109

110

111

112

113

114

115

116

117

118

119

120

121

122

123

124

125

126

127

128

129

130

131

132

133

134

135

136

137

138

139

140

141

142

143

144

145

146

147

148

149

150

151

152

153

154

155

156

157

158

159

160

161

162

163

164

165

166

167

168

169

170

171

172

173

174

175

176

177

178

179

180

181

182

183

184

185

186

187

188

189

190

191

192

193

194

195

196

197

198

199

200

201

202

203

204

205

206

207

208

209

210

211

212

213

214

215

216

217

218

219

220

221

222

223

224

225

226

227

228

229

230

231

232

233

234

235

236

237

238

239

240

241

242

243

244

245

246

247

248

249

250

251

252

253

254

255

256

257

258

259

260

261

262

263

264

265

266

267

268

269

270

271

272

273

274

275

276

277

278

279

280

281

282

283

284

285

286

287

288

289

290

291

292

293

294

295

PrimeCare Medical, Inc.

Bi WEEKLY TIME SHEET

EMPLOYEE NAME Evan MARTIN, MD

FACILITY

WEEK ENDING

11/24/07*Demand
Travel*REASON K

	DATE	TIME IN	MEAL BREAK TIME OUT / TIME IN	TIME OUT	SHIFT WORKED	REG HRS	OHT HRS	REASON
SUN	11/18/07	12:30p	4pm			3.50	10.40	DCP
MON	11/19/07	8am	4:25pm			8.25	13.0	RCP
TUE	11/20/07	2pm	6pm			4.00	5.0	LCP
WED	11/21/07	7am	12:15pm			6.00	13.0	RCP
THU	11/22/07	7am	12:15pm			6.25	14.0	RCP
FRI								
SAT		3pm	5pm			2.00	0	LCP

OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK

INDICATE REASON FOR NO HOURS WORKED ONLY IF FULL-TIME

WEEKLY

TOTAL

35.25

WEEK ENDING 12/1/07

	DATE	TIME IN	MEAL BREAK TIME OUT / TIME IN	TIME OUT	SHIFT WORKED	REG HRS	OHT HRS	REASON
SUN								
MON	11/26	7:05a	3:05pm			8.00	13.0	RCP
						3.25	10	SUP
TUE	11/27/07	8:45	12:15pm			3.50	6.0	LCP
WED	11/28/07	8:45a	5:45pm			4.00	4.0	DCP
						9.00	6.0	YCP
THU	11/29/07	8:30a	11am			2.50	4.0	DCP
						4.00	6.0	DCP
FRI	11/30/07	7am	2pm			7.00	13.0	RCP
SAT	12/1/07	11:35am	3:50pm			4.25	4.0	DCP

OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK

INDICATE REASON FOR NO HOURS WORKED ONLY IF FULL-TIME

WEEKLY

TOTAL

44.50

GRAND

TOTAL

79.75

PrimeCare Medical Inc.

BI WEEKLY TIME SHEET

EMPLOYEE NAME Euros MARTINEZ, MD

FACILITY

WEEK ENDING 12/8/07

DATE	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	REG HRS	OT HRS	REASON
		TIME OUT	TIME IN					
SUN								<i>Off duty travel</i>
MON	12/3/07 7:05a	5:05p				10.00	13.0	BCP
TUE	12/4/07 9:05a	12:20				4.25	5.0	LNYER
				2:50	7:05	4.25	4.0	DCP
						6.00	6.0	YCP
						3.00	1.0	DCP
THU	6:30a	7:35p				1.50	10	SYR
				7:45p	8:45p	1.00	10	DCP
FRI								
SAT								

2.20 OVERTIME NOT CALCULATED UNTIL WORKED 46 HRS FOR WEEK
INDICATE REASON FOR NO HOURS WORKED ONLY IF FULL-TIMEWEEKLY TOTAL 29.25

24.0

WEEK ENDING 12/15/07

DATE	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	REG HRS	OT HRS	REASON
		TIME OUT	TIME IN					
SUN								
MON	12/10/07 7:05a	3:25p				8.00	13.0	BCP
TUE	12/11/07 9:05a	1:10				3.45	5.0	LCYC
				1:55	5:40	3.75	4.0	DCP
WED	12/12/07 9:05a	4:15p				7.25	6.0	YCP
				5:10	6:25	1.25	2.0	SYR
THU	6:30p	9:30				3.00	10	DCP
	7:30a	1pm				6.00	13.0	BCP
FRI	12/14/07 4:50pm	7:40				1.50	10	PROD
						3.50	10	DCP
SAT								

OVERTIME NOT CALCULATED UNTIL WORKED 46 HRS FOR WEEK
INDICATE REASON FOR NO HOURS WORKED ONLY IF FULL-TIME

WEEKLY TOTAL	<u>38.00</u>
GRAND TOTAL	<u>67.25</u>

PrimeCare Medical Inc.
BiWEEKLY TIME SHEET

EMPLOYEE NAME

EWERS D. MARIA, MD

FACILITY

WEEK ENDING

12/22/07

Dance Teacher

DATE	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	REG HRS	OT HRS	REASON
		TIME OUT	TIME IN					
SUN								
MON	12/17/07 7:15pm	3:18pm				8.00	13.0	BCP
TUE	12/18/07 9am	11:38am				2.50	5.0	LIC/ER
				12:45pm	5:38pm	5.20	2.0	DCP
				12/19/07 7:15am	3:18pm	6.50	5.0	YCP
WED								
THU				6:00pm	7:00pm	6.00	7.0	DCP
FRI				12/20/07 7:15am	10:30am	7.00	10	PERM
				12/21/07 1:10pm	4:26pm	3.25	4.0	DCP
SAT				12/22/07 10:00am	4:50pm	6.50	13.0	BCP
SUN								
3.75	OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK				WEEKLY TOTAL			
22.75	INDICATE REASON FOR NO HOURS WORKED ONLY IF FULL-TIME				TOTAL	39.25		
13.0	6.50 WEEK ENDING							
12/29/07								

7/25

DATE	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	REG HRS	OT HRS	REASON
		TIME OUT	TIME IN					
SUN								
MON	12/17/07 7am	7:45am				6.25	13.0	BCP
				2:45pm	7:00pm	4.50	2.0	DCP
TUE	12/18/07 7am	10:00am				3.00	4.0	DCP
WED								
THU	12/19/07 9am	3:30pm				6.50	5.0	YCP
FRI								
	12/20/07 9:25am	6:20pm				4.00	5.0	LIC/ER
				2:15pm	4pm	1.75	4.0	PERC/P
						.25	10	DCP
SAT				12/21/07 4:30pm	5:35pm	6.50	13.0	BCP
						2.00	2.0	SYC
						2.25	10	DCP
3.75	OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK				WEEKLY TOTAL	38.00		
22.75	INDICATE REASON FOR NO HOURS WORKED ONLY IF FULL-TIME				GRAND TOTAL	77.25		

(1) - Mr. L. m.

2007/DEC/03/MON 09:21 AM 05 BCP

FAX No. 610 208 4848

P. 001/001

PradeCite Medical Inc Bi WEEKLY TIME SHEET									
EMPLOYEE NAME		FACILITY							
Evan MARSHALL MD									
WEEK ENDING		12/1/07							
DATE	TIME IN	TIME OUT	REGULAR BREAK	TIME OUT	SHIFT WORKED	REG HRS	OVERTIME	REASON	
SUN									
MON	12:00pm	4pm				3.50		DCP	
TUE	8am	4pm				8.85		BCP	
WED	12pm	6pm				4.00		LCP	
THU	12pm	6pm				6.00		DCP	
FRI	12pm	7am	12:45pm			5.25		DCP	
SAT						2.00		BCP	
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK				WEEKLY TOTAL					
WEEKS 14-15 WORKED ONLY IF FULL-TIME				TOTAL					
WEEK ENDING		12/1/07							
DATE	TIME IN	TIME OUT	REGULAR BREAK	TIME OUT	SHIFT WORKED	REG HRS	OVERTIME	REASON	
SUN									
MON	12:05am	3:05am				8.00		BCP	
TUE	8:45am	12:45pm		4:30pm	6:45pm	2.25		SUP.	
WED	8:45am	12:45pm		3pm	6pm	3.50		LCP	
THU	8:45am	12:45pm		3pm	6pm	4.00		DCP	
FRI	8:45am	12:45pm		3pm	6pm	9.00		DCP	
SAT	12:15pm	11am				3.50		DCP	
FRI	12:15pm	1pm		3:15pm	6:15pm	4.00		DCP	
FRI	12:15pm	7am	2pm			7.00		BCP	
SAT	12/1/07	11:35am	3:50pm			4.25		DCP	
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK				WEEKLY TOTAL					
WEEKS 14-15 WORKED ONLY IF FULL-TIME				TOTAL					
				GRAND TOTAL					
				79.75					

Evan Marshall

12/03/2007 8:06AM

8/MON 08:27 AM

P. 001/001

PRIME CARE MEDICAL, INC.

BI WEEKLY TIME SHEET SUN-SAT								
EMPLOYEE NAME: <u>Eduardo M. Martinez MD</u>				FACILITY <u>BERKS COUNTY PRISON</u>				
WEEK ENDING <u>5/24/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK	TIME OUT	TIME IN	SHIFT WORKED	TOTAL REG HRS	TOTAL OT HRS	REASON
SUN								<i>Travel</i>
MON								<i>Travel</i>
TUE								<i>ACQUISITION - Newga</i>
WED	8:05a	4:15p		4:30p	10:15p	8.00	40	DCP
THU	11:30a	4:30p		5:20p	5:30p	9.00	130	BCP
FRI	9:00a	5:00p				10.00	40	LCYER
SAT								
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK				WEEKLEY TOTAL	<u>29.00</u>			
INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME								
WEEK ENDING <u>5/31/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK	TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL OT HRS	REASON	
SUN							<i>Travel</i>	
MON	9:20a	5:20p		6:00	11:40p	8.00	130	BCP
TUE	7:00a	3:30p				8.50	40	DCP
WED	4:30	10:15a		11:45	1pm	.75	50	LCYER
THU	11:15a	6:45p		6:00	6:30p	5.50	10	DCP
FRI						.50	40	DCP
SAT								
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK				WEEKLEY TOTAL	<u>26.00</u>			
INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME								
				GRAND TOTAL	<u>53.00</u>			
Supervisor's Approval				<u>Eduardo Martinez MD</u>				Employee's Signature

2 32.50
 9 3.00
 S 17.00
 9 2.50

17-2008-TUE 08:21 AM 02DCP

FAX No. 17175581117

P. 001/001

PRIME CARE MEDICAL, INC.

BI WEEKLY TIME SHEET SUN-SAT								
EMPLOYEE NAME: <u>Eva D MARTIN, RN</u>				FACILITY <u>BERKS COUNTY PRISON</u>				
WEEK ENDING <u>6/7/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK TIME OUT	TIME IN	TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
SUN								
MON	<u>8:15a</u>	<u>4:30p</u>				<u>8.25</u>	<u>13D</u>	<u>RCP</u>
TUE	<u>10:15a</u>	<u>4:18p</u>				<u>6.00</u>	<u>4D</u>	<u>DCP</u>
WED	<u>9:30a</u>	<u>11:35a</u>	<u>1pm</u>	<u>3:15p</u>		<u>2.25</u>	<u>5D</u>	<u>LCYER</u>
THU	<u>4pm</u>	<u>5pm</u>	<u>5:30p</u>	<u>8:30p</u>		<u>1.00</u>	<u>4D</u>	<u>SYP</u>
FRI	<u>5:30a</u>	<u>6:15pm</u>	<u>6:30p</u>	<u>9:00p</u>		<u>.45</u>	<u>0</u>	<u>SYC</u>
SAT	<u>7:45a</u>	<u>9am</u>	<u>5:30p</u>	<u>5:45p</u>		<u>2.50</u>	<u>5</u>	<u>DCP</u>
						<u>2.80</u>	<u>6D</u>	<u>DCP</u>
						<u>.25</u>	<u>8.5</u>	<u>LCYER</u>
*OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK				WEEKLY TOTAL <u>26.25</u>				
*INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME								
370 WEEK ENDING								
DAY OF WEEK	TIME IN	MEAL BREAK TIME OUT	TIME IN	TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
SUN								
MON	<u>8:15a</u>	<u>5:15pm</u>				<u>9.00</u>	<u>13D</u>	<u>RCP</u>
TUE	<u>9:10a</u>	<u>1:30pm</u>				<u>8.00</u>	<u>8D</u>	<u>DCP</u>
WED	<u>9:10a</u>	<u>11:10a</u>	<u>12:15p</u>	<u>3pm</u>		<u>2.00</u>	<u>5D</u>	<u>LCYER</u>
THU	<u>5:45a</u>	<u>6:30pm</u>				<u>4.25</u>	<u>4D</u>	<u>RCP</u>
FRI						<u>1.25</u>	<u>10</u>	<u>SYC</u>
SAT								
*OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK				WEEKLY TOTAL <u>25.00</u>				
*INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME				GRAND TOTAL <u>51.25</u>				
				<u>Eva Martin, RN</u>				
				Employee's Signature				
Supervisor's Approval								

06/17/2008 8:20AM

PRIME CARE MEDICAL, INC.

BI WEEKLY TIME SHEET SUN-SAT							
EMPLOYEE NAME: ENDOS D MARTIN, MD			FACILITY BERKS COUNTY PRISON				
WEEK ENDING 6/21/08							
DAY OF WEEK	TIME IN	MEAL BREAK	TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
SUN							
MON							
TUE 6/17/08	8:10am	11:05 am			3.45		DCP
			12 noon	1:30	1.50	54P	
WED	1:40pm	4:25 pm			2.75		DCP
	8 am	4:30			8.60		BCP
THU	9:30a	3:15 p			5.50		DCP
FRI	9:30a	11:45 pm			2.25		L4EK
SAT	2:00	2:15p			.25		DCP
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME				WEEKLEY TOTAL	25.50	25.50	
WEEK ENDING 6/28/08							
DAY OF WEEK	TIME IN	MEAL BREAK	TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
SUN	8:05a	9:25			1.00		DCP
MON	8:20	5:05 pm			8.75		DCP
TUE	9:10a	5:25 pm			8.25		DCP
WED	9:05a	11:35 am			2.50		L4EK
			1:10pm	3:55p	4.75		DCP
THU	4:40pm	6:40 pm			2.00		54P
FRI 6/27/08	7:25a	70:25 am			.25		DCP
SAT					3.00		DCP
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME				WEEKLEY TOTAL	30.50		
				GRAND TOTAL	56.00		
Supervisor's Approval				Employee's Signature, <i>Eduardo Kardes, MD</i>			

06/27/2008 10:27AM

PCM 07460

PRIME CARE MEDICAL, INC.

BI WEEKLY TIME SHEET SUN-SAT						
EMPLOYEE NAME: ENOS D. MARSHAL			FACILITY BERKS COUNTY PRISON			
WEEK ENDING <u>7/19/08</u>						
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS
		TIME OUT	TIME IN			
SUN						
MON 7/21/08	12:45 pm	6 pm			5.25	130 BCP
TUE 7/22/08	9:30 am	5:30 pm			8.00	50 DCP
WED 7/23/08	9:45 am	12:45 pm	1:30 pm	4:45 pm	3.00	50 LCP
THU 7/24/08	6:35 pm	8:55 pm	7pm	11:30 pm	3.25	40 DCP
FRI	6:40 am	9:30 am			2.00	40 SYC
SAT 7/26					4.50	130 BCP
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME				WEEKLY TOTAL	29.00	
WEEK ENDING <u>7/26</u>						
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS
		TIME OUT	TIME IN			
SUN						
MON 7/21/08	9:00 am	2:40 pm			5.50	50 LCP
TUE 7/22/08	8:45 am	9:15 am	1:50 pm	6:50 pm	5.00	40 DCP
WED 7/23/08	9:45 am	11:55 am	12:05 pm	6:05 pm	2.25	50 LCP
THU 7/24/08	7:20 am	8:50 am	9:00 am	9:30 am	1.50	40 SYC
FRI	7am	9am	6:15 pm	8:45 pm	3.00	40 DCP
SAT 7/25	7:25 am	12:05 pm			3.50	40 DCP
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME				WEEKLY TOTAL	30.75	
				GRAND TOTAL	59.75	
Supervisor's Approval				<u>Don Marsh</u> Employee's Signature		

07/28/2008 9:48AM

PCM 07461

AUG/25/2008/MON 07:45 AM 05 BCP

FAX No. 610 208 4848

P. 041

PRIME CARE MEDICAL, INC.

BI WEEKLY TIME SHEET SUN-SAT								
EMPLOYEE NAME: <u>Elvis D. MARSHAL, MD</u>				FACILITY <u>BERKS COUNTY PRISON</u>				
WEEK ENDING <u>8/16/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
SUN		TIME OUT	TIME IN					<u>No Work</u>
MON	9 am	5:22 pm				8.00	30	LCP
TUE	7:58 am	11:25 am		11:25 am	1 pm	3.25	40	DCP
WED	1:05 pm	5:05 pm				1.75	40	SYE
	7:00 pm	3:10 pm				4.00	40	LCP
THU	7:20 pm	4:20 pm		4:00	4:30 pm	8.00	110	BCP
FRI	7:20 pm	12:15 pm				7.00	60	LYFE
SAT						5.25	40	YEP
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME				WEEKLY TOTAL	<u>37.75</u>			
WEEK ENDING <u>8/23/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
SUN		TIME OUT	TIME IN					<u>No Work</u>
MON	7:20 am	3:15 pm				8.25	110	RCP
TUE	8:38 am	4:45 pm				8.25	40	SYE
WED	12:40 pm	1:35 pm		2 pm	3:45 pm	1.75	50	LCP
THU	5:05 pm	6:50 pm				1.75	10	LYFE
FRI	7:10 am	3:35 pm				1.75	40	SYE
SAT						5.25	40	LCP
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME				WEEKLY TOTAL	<u>26.50</u>			
				GRAND TOTAL	<u>64.25</u>			
Supervisor's Approval				<u>Elvis D. MARSHAL, MD</u> Employee's Signature				

2 26.00
 3.50
 16.25
 9.25
 2.25
 7.50
 104.25

08/25/2008 7:42AM

08/08/2008/MON 07:50 AM 05 BCP

FAX No. 610 208 4848

P. 001/001

PRIME CARE MEDICAL, INC.

BIWEEKLY TIME SHEET SUN-SAT

EMPLOYEE NAME: EDWARD MARTIN, MD FACILITY: BERKS COUNTY PRISONWEEK ENDING Aug 30, 2008

DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
		TIME OUT	TIME IN					
SUN								
MON 8/25	7:28a	4:00pm				8.75	110	BCP
TUE 8/26	10:05a	11:35am	1:15	6:15pm		1.50	50	LCYRC
WED 8/27	7:10a	2:10pm	4:15pm	4:45pm		5.00	40	DCP
THU 8/28	6:30a	8pm				7.00	40	DCP
FRI 8/29	10a	12:45pm				1.25	50	LCYRC
SAT 8/30						1.50	40	DER
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK						WEEKLEY TOTAL	26.00	

WEEK ENDING Sept. 6, 2008

DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
		TIME OUT	TIME IN					
SUN	9:30a	10:30a				1.00	40	DCP
MON 9/1	7:15a	3:00pm				7.75	110	BCP
TUE 9/2	11:15am	3:15pm	4pm	6pm		2.00	50	LCYRC
WED 9/3	7:45a	3:55pm	3:55pm	5:10pm		2.00	40	DCP
THU 9/4	7:30a	12:45pm				8.00	40	DCP
FRI 9/5						1.25	10	JYC
SAT 9/6						3.25	40	DER
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK						WEEKLEY TOTAL	25.25	
						GRAND TOTAL	51.25	

Supervisor's Approval

Employee's Signature

Edward D. Martin, MD

09/08/2008 7:47AM

PCM 07464

PRIME CARE MEDICAL, INC.

Bi WEEKLY TIME SHEET SUN-SAT								
EMPLOYEE NAME: <u>EDDS MARTIN, WIL</u>				FACILITY BERKS COUNTY PRISON				
WEEK ENDING <u>9/18/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
SUN		TIME OUT	TIME IN					
MON 9/18/08	7:30a	3:30pm				8.00	1.0	BCP
TUE	7:00a	2:00pm		3:00pm	4:30p	7.00 1.50	40 50	DCP LCYCL
WED	7:00a	1:15pm		1:35pm	3:20pm	6.25 1.75	40 10	DCP S4P
THU								
FRI	2:20p	4:05pm				1.75	40	DCP
SAT 9/13/08								
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK				WEEKLEY TOTAL	26.25			
INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME								
WEEK ENDING <u>9/20/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
SUN		TIME OUT	TIME IN					
MON 9/18/08	7:15a	3:30pm		7:30pm	6:30p	8.25 3.00	1.0 10	BCP LCYCL
TUE 9/19	7:20a	9:20a				2.00	40	DCP
	7:20a	12:45pm				5.75	40	DCP
WED 9/19	6:45pm	8pm		1:15pm	7:45pm	1.25 30	40 50	S4P LCYCL
THU 9/19	8:15a	9:30am				1.25	40	DCP
	7:00a	11:00a				4.00	40	DCP
FRI 9/19								
SAT 9/20								
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK				WEEKLEY TOTAL	25.80			
INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME				GRAND TOTAL	51.25			
Supervisor's Approval				<u>Eds Martin, WIL</u> Employee's Signature				

PRIME CARE MEDICAL, INC.

BI WEEKLY TIME SHEET SUN-SAT								
EMPLOYEE NAME: <u>EVANS, D. (A.R.T.W.M.)</u>				FACILITY <u>BERKS COUNTY PRISON</u>				
WEEK ENDING <u>9/27/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	
		TIME OUT	TIME IN					REASON
SUN							<u>Mtg</u>	
MON 9/29/08	7:25	4:00 pm		5:05 pm	6:30 pm	8.25	110	BCP
TUE	7:00	1:00 pm				1.25	10	LCYER
						6.00	40	D.P.
WED	8:40 am	3:10 pm				6.50	40	DCP
THU	4:05 am	7:10 am		1:50 pm	2:35 pm	4.25	40	DCP
						.75	10	S.Y.E.
FRI	9:15 am	10:45 am				1.00	40	DCP
SAT 9/27/08	7:00 am	7:30 am				.50	50	LCYER
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK				WEEKLY TOTAL	<u>28.50</u>			
WEEK ENDING <u>10/4/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	
		TIME OUT	TIME IN					REASON
SUN							<u>Mtg</u>	
MON 9/29	6:50	2:20 pm				7.50	110	BCP
TUE 9/30	10:30	11:30 am				1.00	40	DCP
WED 10/1	7:15	12:15 pm		1:00	3:00	5.00	40	DCP
THU 10/2	6:10	8:30 am		10:50 am	6:30 pm	2.00	40	LCYER
						2.50	40	S.Y.E.
FRI 10/3								D.P.
SAT 10/4								
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK				WEEKLY TOTAL	<u>25.00</u>			
INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME				GRAND TOTAL	<u>53.50</u>			
05 - 15.75								
69 3.75								
02 31.25								
19 2.75								
Supervisor's Approval				<u>Elois D. Mead, MD</u> Employee's Signature				

PRIME CARE MEDICAL, INC.

BI WEEKLY TIME SHEET SUN-SAT								
EMPLOYEE NAME: <u>EvaS MARTIN, MD</u>				FACILITY BERKS COUNTY PRISON				
WEEK ENDING <u>10/14/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
SUN		TIME OUT	TIME IN					<i>Mt. leave</i>
MON 10/13/08	8:20a	4:30p		5:25p	11:10p	8.00	110	BCP
TUE 10/14/08	7:30a	3pm				1.75	10	LCYD
WED 10/15/08	7:45a	2pm		2:25p	3:05p	6.25	40	DCP
THU 10/16/08	6:15a	6:30pm				1.00	10	.34p
FRI 10/17/08						.25	40	DCP
SAT 10/18/08	8:15a	10:30a				1.00	40	DCP
*OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK				WEEKLEY TOTAL <u>26.50</u>				
WEEK ENDING <u>10/18/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
SUN 10/19/08		TIME OUT	TIME IN					<i>Mt. leave</i>
MON 10/20/08	7:55a	4:25p		5:10p	6:55p	8.50	110	BCP
TUE 10/21/08	7:15a	12:15p				1.75	10	LCYD
WED 10/22/08	5:25p	9:25p				5.00	40	DCP
THU 10/23/08	6:55a	8:15p		3:10p	4:40p	2.00	40	DCP
FRI 10/24/08	10:50a	3:35pm				1.50	40	.34p
SAT 10/25/08						4.75	40	DCP
*OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK				WEEKLEY TOTAL <u>27.50</u>				
				GRAND TOTAL <u>54.00</u>				
Supervisor's Approval				Employee's Signature				

05 - 16.50
 69 - 350
 02 - 31.50
 19 - 250 K4

PRIME CARE MEDICAL, INC.

BI WEEKLY TIME SHEET SUN-SAT							
EMPLOYEE NAME: ELIAS MARY JEWELL			FACILITY BERKS COUNTY PRISON				
WEEK ENDING 10/25/08							
DAY OF WEEK	TIME IN	MEAL BREAK TIME OUT TIME IN	TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	
SUN						11.00	
MON 10/27/08	7:20a	4:05p			8.45	11.0	BCP
TUE 10/28/08	7:30a	4:15p			8.75	4.0	DCP
WED 10/29/08	7:35a	11:35p	1:50p 4:50p		6.00	4.0	DCP
THU 10/30/08	6pm	7:35p			2.50	10	SAT
FRI					1.75	0.0	LCGP
SAT							
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME			WEEKLY TOTAL	27.75			
WEEK ENDING 11/1/08							
DAY OF WEEK	TIME IN	MEAL BREAK TIME OUT TIME IN	TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	
SUN						11.00	
MON							
TUE							
SAT 11/1/08	6:40a	5:40p			11.00	4.0	DCP
THU 11/3/08	9a	10a			1.0	4.0	DCP
FRI 11/4/08	7:10am	3:30p	4pm 5:30p		8.00	11.0	BCP
SAT 11/5/08	6:10pm	8:10pm	8:15pm 9:15pm		1.00	10	LCGP
					2.00	4.0	SAT
					1.00	11.0	DCP
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME			WEEKLY TOTAL	24.50			
			GRAND TOTAL	52.25			
Supervisor's Approval				Employee's Signature			

11/03/2008 7:58AM

PCM 07468

PRIME CARE MEDICAL, INC.

BI WEEKLY TIME SHEET SUN-SAT								
EMPLOYEE NAME: <u>FINDS D. MURRAY</u>				FACILITY <u>BERKS COUNTY PRISON</u>				
WEEK ENDING <u>11/8/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
SUN		TIME OUT	TIME IN					
MON 11/10/08	7:30a	4:15 pm		8:00, 5:15		8.75	110	RCF
TUE 11/11/08	12:40 pm	1:40 pm		2:45pm, 5:45pm		1.00	50	LCYER
WED 11/12/08	7:15a	5:15 pm				3.00	40	DCP
THU 11/13/08	1:15 pm	3:45 pm				2.50	90	SIC
FRI								
SAT 11/14/08								
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK				WEEKLY TOTAL	25.50			
*INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME								
WEEK ENDING <u>11/15/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
SUN		TIME OUT	TIME IN					
MON	7:30a	4 pm				8.50	110	3CP (R) (L)
TUE	1:20 pm	5:50 pm				4.30	90	DCP
WED	7 am	3 pm				8.00	40	DCP
THU	1:35 pm	3:35 pm				2.00	40	SIC
FRI	10:45 am	12:45 pm				2.00	50	LCYER
SAT								
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK				WEEKLY TOTAL	25.00			
*INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME				GRAND TOTAL	50.50			
Supervisor's Approval				<u>Elie D. Murray</u> Employee's Signature				

02 25.50
 05 17.25
 19 4.50
 69 3.25 50.50

PRIME CARE MEDICAL, INC.

BI WEEKLY TIME SHEET SUN-SAT								
EMPLOYEE NAME: <u>Elmer MARTIN, M.A.</u>			FACILITY <u>BERKS COUNTY PRISON</u>					
WEEK ENDING <u>11/22/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK TIME OUT	TIME IN	TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
SUN								
MON <u>11/17/08</u>	<u>7:20 a.m.</u>	<u>8:35 a.m.</u>				<u>8.25</u>	<u>1.0</u>	<u>BCP</u>
TUE	<u>1:40 p.m.</u>	<u>3:10 p.m.</u>				<u>1.50</u>	<u>.50</u>	<u>546</u>
WED	<u>7:00 a.m.</u>	<u>6:15 p.m.</u>				<u>11.25</u>	<u>.70</u>	<u>DCP</u>
THU								
FRI	<u>8:15 a.m.</u>	<u>12:15 p.m.</u>				<u>4.00</u>	<u>1.0</u>	<u>ACACC</u>
SAT <u>11/22/08</u>	<u>9:40 a.m.</u>	<u>11:40 a.m.</u>	<u>4:55 p.m.</u>	<u>6:55 p.m.</u>		<u>2.00</u>	<u>.70</u>	<u>SCE</u>
						<u>1.00</u>	<u>.70</u>	<u>DCP</u>
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME					WEEKLEY TOTAL	<u>29.00</u>		
WEEK ENDING <u>11/29/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK TIME OUT	TIME IN	TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
SUN								
MON <u>11/24/08</u>	<u>7 a.m.</u>	<u>8:30 a.m.</u>				<u>8.50</u>	<u>1.0</u>	<u>BCP</u>
TUE	<u>8 a.m.</u>	<u>12:00 noon</u>	<u>12:50 p.m.</u>	<u>4:50 p.m.</u>		<u>4.80</u>	<u>1.0</u>	<u>ACACC</u>
WED	<u>8 a.m.</u>	<u>6 p.m.</u>				<u>4.00</u>	<u>.70</u>	<u>DCP</u>
THU <u>11/27/08</u>	<u>8:35 a.m.</u>	<u>9:55 a.m.</u>	<u>10:10 a.m.</u>	<u>10:55 a.m.</u>		<u>1.00</u>	<u>.40</u>	<u>DCP</u>
FRI <u>11/28/08</u>	<u>3 p.m.</u>	<u>4:45 p.m.</u>				<u>1.45</u>	<u>.50</u>	<u>ACACC</u>
SAT <u>11/29</u>								
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME					WEEKLEY TOTAL	<u>30.00</u>		
					GRAND TOTAL	<u>59.00</u>		
Supervisor's Approval					<u>Elmer Martin, M.A.</u> Employee's Signature			

PRIME CARE MEDICAL, INC.

BI WEEKLY TIME SHEET SUN-SAT								
EMPLOYEE NAME: <u>EDWARD W. MARYANOWSKI</u>				FACILITY <u>BERKS COUNTY PRISON</u>				
WEEK ENDING _____								
DAY OF WEEK	TIME IN	MEAL BREAK	TIME OUT	TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	
SUN							<u>Mileage</u>	
MON 12/11/	4 am	5 am		7:30 am	4 pm	1.0	40	DCP
TUE 12/12/	11:55 am	1:25 pm		3:30 pm	6:15 pm	8.5	110	BCP
WED 12/13/	4 am	10 am		11:45 am	4 pm	2.75	50	LCYER
THU 12/14/	4:05 pm	6:05 pm		6:18 pm	6:40 pm	2.00	5	DCA
FRI 12/15/	10 am	1:15 pm				1.50	25	SYC
SAT 12/16/						3.25	40	DCP
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME				WEEKLEY TOTAL	<u>27.75</u>			
WEEK ENDING _____								
DAY OF WEEK	TIME IN	MEAL BREAK	TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON	
SUN								
MON 12/17/	7:20 am	3:55 pm			8.5	110	BCP	
TUE	1 pm	3:15 pm		4:50 pm	6:30 pm	2.25	30	LCYER
WED	7 am	3:45 pm		4 pm	6 pm	1.50	40	DCP
THU	12:45 pm	3:30 pm		4 pm	6 pm	2.00	10	SYC
FRI								
SAT								
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME				WEEKLEY TOTAL	<u>26.50</u>			
				GRAND TOTAL	<u>54.25</u>			
Supervisor's Approval				Employee's Signature <u>Edward Maryanowski</u>				

02 - 28.5
 05 - 17.0
 19 - 4.0
 69 - 4.75

PRIME CARE MEDICAL, INC.

BI WEEKLY TIME SHEET SUN-SAT							
EMPLOYEE NAME: <u>EVANS D MARTIN, MD</u>				FACILITY <u>BERKS COUNTY PRISON</u>			
WEEK ENDING <u>12/26/08</u>							
DAY OF WEEK	TIME IN	MEAL BREAK		SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
		TIME OUT	TIME IN				
SUN	8:30	9:30			1.00	40	DGP
MON 12/15/08	7:45	4 pm			8.75	110	BCP
TUE 12/16/08	9:30	11:30 pm			6.00	40	DGP
WED 12/17/08	7:40	1:25 pm	2:20 pm	3:50 pm	1.50	50	LGYIP
					6.25	40	DGP
					1.50	10	SAC
THU 12/18/08							
FRI 12/19/08	7:00	10 am			3.00	40	DGP
SAT 12/20/08							
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK				WEEKLEY TOTAL	<u>28.00</u>		
INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME							
WEEK ENDING <u>12/27/08</u>							
DAY OF WEEK	TIME IN	MEAL BREAK		SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
		TIME OUT	TIME IN				
SUN							
MON	7:40	4:40 pm			9.00	110	BCP
TUE	7:15	6:15 pm			11.00	40	DGP
WED	6:30	1:50 pm	2 pm	3:15 pm	7.00	40	DGP
					1.25	10	SAC
THU 12/26/08							
FRI 12/27/08							
SAT 12/27/08	11:00	11:30 am			.50	50	LGYIP
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK				WEEKLEY TOTAL	<u>28.75</u>		
INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME							
				GRAND TOTAL	<u>56.75</u>		
Supervisor's Approval				Employee's Signature			

PRIME CARE MEDICAL, INC.

BI WEEKLY TIME SHEET SUN-SAT								
EMPLOYEE NAME: <u>Eduardo Martinez, M.R.</u>				FACILITY <u>BERKS COUNTY PRISON</u>				
WEEK ENDING <u>1/3/09</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
SUN		TIME OUT	TIME IN					
MON <u>12/29/08</u>	<u>7:30a</u>	<u>4:15 pm</u>				<u>8.75</u>	<u>110</u>	<u>BCP</u>
TUE	<u>7:50a</u>	<u>5:05 pm</u>				<u>9.25</u>	<u>40</u>	<u>DCP</u>
WED	<u>7:35a</u>	<u>12:50 pm</u>				<u>5.25</u>	<u>40</u>	<u>DCP</u>
THU								
FRI	<u>11:20a</u>	<u>6:38 pm</u>				<u>3.25</u>	<u>40</u>	<u>3482</u>
SAT	<u>6:50a</u>	<u>11:00 pm</u>				<u>1.50</u>	<u>50</u>	<u>2428</u>
*OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK				WEEKLEY TOTAL <u>27.00</u>				
INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME								
WEEK ENDING <u>1/10/09</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
SUN	<u>6:50a</u>	<u>8:50a</u>				<u>2.00</u>	<u>40</u>	<u>DCP</u>
MON	<u>7:30a</u>	<u>2:30 pm</u>	<u>3:40 pm</u>	<u>6:00 pm</u>		<u>7.00</u>	<u>110</u>	<u>BCP</u>
TUE	<u>8am</u>	<u>4:30 pm</u>				<u>3.00</u>	<u>40</u>	<u>BCP</u>
WED	<u>7:15a</u>	<u>10:45</u>		<u>1p</u>	<u>1:30</u>	<u>3.50</u>	<u>40</u>	<u>DCP</u>
THU	<u>7:30a</u>	<u>10:30</u>	<u>10:50</u>	<u>11:35</u>		<u>3.00</u>	<u>40</u>	<u>DCP</u>
FRI						<u>.50</u>	<u>50</u>	<u>1482</u>
SAT								
*OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK				WEEKLEY TOTAL <u>29.25</u>				
INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME				GRAND TOTAL <u>56.25</u>				
Supervisor's Approval				Employee's Signature				